

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: David & Goliath's Pressure Cleaning, Inc.
BUSINESS STREET ADDRESS: 2900 SW 155th Lane Davie ZIP 33331
BUSINESS MAILING ADDRESS: Same ZIP _____
BUSINESS PHONE: 5585387
DESCRIBE TYPE OF BUSINESS: Pressure Cleaning
BUSINESS IS: Corporation ☒ Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Gladys Nash</u>	<u>2900 SW 155th Lane</u>	<u>33331</u>	<u>5585387</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number: _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 02, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Gladys Nash Owner
Print Owner or Officers Name and Title

Gladys Nash
Signature of Owner or Officer

Office Use Only: Date <u>3/13/02</u> Category <u>14950</u> Fee Exempt per Sec. 13-13 _____	
Fee <u>105</u> Rec'd _____ New <input checked="" type="checkbox"/> Trans _____	
License # <u>0216484</u> Control # <u>13717</u>	Zoning <u>R-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____	Zoning Approval <u>AK</u> Date <u>3/14/02</u>
Town Council Date _____	Approved _____ Denied _____
Tabled To _____	Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION